MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101							51						
102							52						
10							53						
104							54						
105							55						
106							56						
107							57						
108							58						
109							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
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17							67						
18							68						
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33							83						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	—						TOTAL DEP.						
TOTAL CLAIMS	2						TOTAL CLAIMS						

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
55								/					
56								/					
58								/					
59								/					
60								/					
61									/				
62								/					
63								/					
64								/					
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69								/					
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81								/					
82								/					
83									/				
84									/				
85								/					
86								/					
87													
99								/					
100								/					
TOTAL IND.								27						
TOTAL DEP.		20		20		20			6					
TOTAL CLAIMS								33					